

WISCONSIN TIER II EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

CONFIDENTIAL LOCATION INFORMATION SHEET

Wisconsin Emergency Management
DMA 1005 (R12-25) Wis. Stat. 323.60

Facility Identification

WEM Facility ID #	Facility Name	EIN/FEIN #	NAICS Code	
Facility Street Address		County	City	Zip Code
Owner/Operator Name	Owner/Operator Street Address	Owner/Operator City	State	Zip Code

Chemical Description

****See Instructions (9d) for Storage Codes****

CAS Number	<input type="checkbox"/> NA	Chemical Name				
1	Container*	Pressure*	Temperature*	Storage Location Description	Max Amt. at Location (in Pounds)	Confidential <input type="checkbox"/>
2	Container*	Pressure*	Temperature*	Storage Location Description	Max Amt. at Location (in Pounds)	Confidential <input type="checkbox"/>
3	Container*	Pressure*	Temperature*	Storage Location Description	Max Amt. at Location (in Pounds)	Confidential <input type="checkbox"/>

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Certification (Signature Required)

I certify under penalty of law that I have personally examined and am familiar with the information submitted on pages 1 through ____ (indicate last page) in addition to all attached documents, and that, based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name of Owner/Operator or Authorized Representative	Official Title	Signature	Date
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Please return forms with signatures to: Wisconsin Emergency Management, Facility Reporting Section, P.O. Box 7865, Madison, WI 53707-7865. Unsigned forms will be returned for a signature. For assistance call (608)242-3300. The information provided to WEM will be entered by WEM staff in the order it was received. When entered into the system, the information will be available to the County LEPC and the local Fire Department; and this meets the requirement to provide this information to them.